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**HIV/AIDS Trends Point to Progress and Pose Continuing Challenges
for Next Era in HIV Prevention**

Vancouver, BC-- The United States has made major strides in HIV prevention, but each local community faces unique challenges and will require new tools as we move into the next era in HIV prevention, according to David Satcher, M.D, Ph.D., Director, Centers for Disease Control and Prevention (CDC).

“Fifteen years into the epidemic, we must remember that HIV is still a relatively new disease, and continues to evolve. As a nation, we have made significant progress in slowing the spread of the epidemic. Annual increases in new AIDS cases have slowed from more than 85% in the mid-eighties, to the current rate of less than 5%. That’s still about 60,000 new AIDS cases a year. Moreover, we estimate that at least 40,000 Americans are becoming infected with HIV each year---there is clearly more to be done,” stresses Satcher.

Helene Gayle, M.D., M.P.H., Director of CDC’s National Center for HIV, STD and TB Prevention points to the continued need for targeted, sustained prevention efforts. “We saw evidence in the late 1980’s that HIV prevention programs were contributing to behavior change, particularly among gay and bisexual men. Now we are likely seeing the impact of these behavior changes, as the rate of AIDS among some populations has slowed.”

Despite signs of success in these areas, troubling trends have emerged in others.

Nationwide, AIDS cases are now increasing most rapidly among women and minorities. Furthermore, there has not been a significant decline in new infections among young people, and young and minority gay and bisexual men remain at high risk. In addition, sustaining behavior change over time has proven to be a great challenge among all populations; making it vital that communities continue to target prevention to those populations where the epidemic is stabilizing in addition to the those populations where the epidemic appears to be growing.

CDC Support for Community Action

The challenge for the future, according to Gayle, is to ensure each community has the tools to address the evolving epidemic. “We have seen AIDS evolve from a period of explosive growth in a few geographic areas, primarily among gay and bisexual men and injection drug users, to the development of diverse local subepidemics, where the dynamics of AIDS vary by community and region,” says Gayle. “CDC’s role is to provide data, research and support for effective community action. Because each community faces unique challenges, HIV prevention strategies must be locally determined and relevant.”

The body of work presented by CDC at the XI International AIDS Conference in Vancouver, July 7 - 12, underscores CDC’s commitment to providing data and research for effective community action. In addition to the latest data on AIDS trends, CDC researchers will be presenting new information on effective behavior change programs for injecting drug users, and dramatic new evidence of the success of recent efforts to prevent perinatal (mother-to-infant) HIV transmission. CDC will also present research

findings from recent efforts to help communities evaluate what works in HIV prevention, as well as efforts to develop new tools and techniques to reach those at greatest risk.

Need for New Tools and Techniques: Focus on Prevention Research

Significant progress has been made in understanding which factors contribute to risk among young people, and this knowledge, especially when combined with new tools, should lead to more effective HIV prevention interventions. One example of a new tool developed through prevention research is a new and unique behavioral typology, which is a profile that identifies and more accurately defines the range of adolescent sexual experiences. This typology can be used to develop more effective HIV prevention interventions, including interventions designed to delay the initiation of sexual intercourse.

Prevention research efforts are also underway to develop new approaches and tools for HIV prevention among women. “Women account for an increasing proportion of newly reported AIDS cases in the United States,” says Gayle. “These trends point to the urgent need to identify female-controlled HIV prevention methods.” CDC researchers are working with researchers worldwide to evaluate factors contributing to the effectiveness of female condoms and to develop effective microbicides that can kill HIV and the pathogens that cause other STDs. As with any new tool for prevention, CDC researchers must also determine what influences people’s willingness and ability to use these methods. Simultaneously, CDC behavioral scientists are working to evaluate factors that will contribute to women’s use of these products and to determine how these new prevention methods, once identified and marketed, can and should be recommended in

conjunction with existing prevention options.

Promising new evidence of the impact of STD treatment as a tool for HIV prevention will also be presented. Gayle stresses the need to integrate biomedical and behavioral approaches. “As we develop improved biomedical and behavioral interventions, we must also determine how they work best together. Together, these approaches can have profound impact on HIV prevention, and we are committed to providing communities the best tools from both arenas,” says Gayle.

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